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# **Policy traps and policy placebos: assessing drug policy network responses to drug related deaths**

## **Abstract**

### **Purpose of the Research**

Using policy network theory and policy analysis frameworks we subject policy and programme development, and financial decision making processes in relation to emergency and strategic responses to drug related deaths to critical scrutiny.

### **Methods**

A qualitative, case-based design focuses on Scottish Government responses to rising drug related deaths, using publicly available data to produce interpretive critical analysis.

### **Findings**

Analysis indicates that established drug policy communities influence emergency and strategic policy and programme development in relation to drug deaths. Results reveal that policy communities aid government to develop placebo policies and avoid policy traps associated with social determinants of drug related deaths. We document a lack of transparency and accountability in financial decision making by a third party operating on behalf of Scottish Government. To improve accountability necessitates that drug policy decisions acknowledge existing legislative duties to address socio economic inequality in this policy area.

### **Limitations**

In seeking convergence and corroboration publicly available data sources were identified that focus on emergency and strategic responses to drug related deaths in Scotland. The authors recognise the potential for bias in qualitative and interpretive analysis of this data (Bowen, 2009).

### **Originality/Value**

While much has been written on drug deaths in Scotland, using policy network and policy success frameworks to examine policy and programme development, provides originality of analysis in this under researched aspect of drug policy.

### **Keywords**

Drug related death, policy success, policy network theory, placebo policies, policy traps, Medication Assisted Treatment (MAT) Standards, Fairer Scotland Duty, inequality, accountability.

### **Introduction**

The effect of poverty as a significant risk factor associated with problem use of substances was recognised by the Advisory Council of the Misuse of Drugs in the publication 'Drugs Misuse and the Environment' (ACMD, 1998). The 'Marmot Report' published in 2010, described the relationships that linked childhood poverty to poor adult health (Marmot, et al., 2010). Socio economic inequality was acknowledged as a risk factor for drug related deaths in the ACMD publication titled 'Reducing opioid related deaths in the UK' (ACMD, 2016). More recently Dame Carol Black highlights the impact of socio economic inequality on the prevalence of problematic drug use and as a significant risk factor for drug related deaths in England and Wales. The reports make key recommendations of directing funding to areas of multiple deprivation where it would have the most significant impact (DHSC, 2021). This recommendation was adopted by the United Kingdom Department of Health and Social Care

(DHSC) who announced increased funding for drug treatment services to areas of multiple deprivation in England (Drink & Drugs News, 2022).

In 2018 the Scottish Government recognising the importance of human rights launched an alcohol and drug strategy titled: Rights, Respect and Recovery. The strategy explicitly stated the need to focus on communities disproportionately affected by poverty and inequality noting that:

*“Problematic alcohol and drug use disproportionately impacts deprived communities: Our ambition, as set out in the Fairer Scotland Action Plan, is ‘to build a better country - one with low levels of poverty and inequality, genuine equality of opportunity, stronger life chances and support for all those who need it.’ (The Scottish Government, Rights, Respect, and Recovery, 2018: Page 11).*

In October 2016, The Scottish Government launched the ‘Fairer Scotland Action plan’ establishing a commitment to address entrenched inequality. This action plan acknowledged the strong correlation between offending, substance use disorder and poverty (The Scottish Government, 2016:24). While there were no specific actions arising from this policy document to reduce drug harms, or to address rising drug related deaths, there was one action focusing on female drug using offenders. The action plan signalled that the Scottish Government were introducing new legislative duties to ensure that all public sector organisations acknowledge poverty and inequality. The ‘Fairer Scotland Duty’ as an element of Part 1 of the Equalities Act (2010) requires publicly funded bodies to recognise material and geographical deprivation when making strategic decisions inclusive of spending decisions (Scottish Government, 2018, 2021).

In 2019, the AUDIT Scotland report ‘Alcohol and Drugs Services: An Update’ highlighted the strong links between poverty and drug and alcohol problems occurring in specific areas in Scotland noting that:

*“There is also a strong link between problem drug and alcohol use and deprivation. Despite a number of national strategies aimed at tackling poverty, inequality and stigma, the scale of health inequalities in Scotland has not reduced” (AUDIT Scotland, 2019:5).*

The 2019 AUDIT Scotland report criticised poor alcohol and drug service performance, and a lack of ‘cost effectiveness’ or best value/value for money analysis. Indicators of policy success focused on reduced waiting times for individuals seeking treatment.

The Drug Death Task Force (DDTF) was formed by the Scottish Government in 2019. The primary function of the DDTF was to coordinate an *emergency response* to improve health outcomes for people who use drugs and reduce the risk of harm and death, and were initially allocated £20 million (Audit Scotland, 2019). In January 2021, the Scottish Government recognising the political crisis of increasing drug deaths announced another emergency response described as a ‘National Mission to reduce drug deaths’ (The Scottish Government, 2021).

In July 2021, the Scottish Government announced the Medication Assisted Treatment (MAT) Standards as part of a national strategy to provide a minimum standard of service for individuals experiencing substance use disorders. The MAT Standards as the main tangible output from the Drug Death Task Force describes a rights-based approach intended to follow the principles of the Scottish Government Health & Social Care Standards: my support, my life, dignity and respect, compassion, inclusion and support for wellbeing (Scottish Government, 2021).

It has long been understood that that problem drug users as a marginalised and disenfranchised population can be routinely denied basic human rights as a result of

discrimination (Gilmore 1996; EU Agency for Fundamental Rights, 2018; Wogen & Restrepo, 2020). The Scottish Government in the recent 2022 publication titled 'A Universal Period Review of Human Rights' acknowledges human rights of all citizens in Scotland as important and sets out actions to respect, protect, and fulfil human rights. Absent from this document however is a specific reference to the human rights of drugs users, or any reference to the 'national mission' to reduce drug related deaths (The Scottish Government, 2022).

In 2022 the AUDIT Scotland report titled 'Alcohol and Drugs Services: An Update' called for an urgent need for transparency in financial decision making processes in relation to drug and alcohol services. Corra foundation (formerly Lloyds TSB Foundation) in operation since 1997, were contracted by the Scottish Government to administer a significant amount of public monies during the term of the previous 2008-2018 and current 2018 national Scottish Alcohol and Drug Strategies. They administer public monies on behalf of Scottish Government across a range of policy areas associated with inequality.

A central concern of policy analysis is the distribution and effects of power. This concern informs analyses of numerous phenomena, including understanding coalitions of interest, and choice of policy instruments. McConnell, Grealy & Lea, 2020) note that that the exercise of power is revealed in how resources are allocated:

*"Lasswell (1936) famously stated that politics is about 'who gets what, when, how.'  
The same attribution may be applied to 'policy.' (McConnell et al., 2020: 590).*

### **Scottish drug policy networks**

Political scientists have described how UK governments sought to reduce the power of policy networks by subjecting them to financial and increased managerial controls. From a governmental perspective policy networks are both a structure to be managed and a tool of greater control (Skelcher, 2000; Stoker 2004; Rhodes, 2007). As a result, changes in policy governance processes have created diffuse and opportunistic policy networks (Rhodes, 2007). In explaining what policy networks are and how they operate in a political context, Rhodes (1997) notes that:

*"With the spread of networks there has been a recurrent tension between contracts on the one hand, with their stress on competition to get the best price, and networks on the other, with their stress on cooperative behaviour"  
(Rhodes, 1997:4).*

Devolution in Scotland has created territorial and single issue policy networks that form broad policy network coalitions. Within policy networks advocacy coalitions comprised of policy actors have shared understandings in relation to policy implementation. These advocacy coalitions or policy networks can use this influence to shape policy and programmes (Sabatier & Jenkins-Smith, 1993). The issue of power is centrally important to the issue of 'success for whom?' For example, analysis of power focuses on how policy systems are dominated by coalitions of interest that shape decision-making institutions, policies and their impacts, which remain stable over time (Sabatier & Jenkins-Smith 1993; Sabatier & Weible 2014; McConnell, Grealy & Lee, 2020).

Rhodes and Marsh (1992) indicate that multiple policy networks exist within a policy community, and that established policy communities have access to considerable resources to influence policy. Compston (2009) describes how policy actors with distinct policy preferences use well established strategies to ensure their policy preferences are realised in policy development processes. Within the policy development process there are incentives to regulate their interaction, such as access to funding and ability to shape policy direction (Compston, 2009). Scharpf (1997) suggests that decision making to address and solve problems occurs in closed policy networks rather than as a result of pluralistic pressure. Jobert

(1995) notes when specific policy challenges emerge, expert forums are developed to advise government.

### *Policy success*

Policy analysts describe significant difficulty in analysing policy success. Policy defined as successful by political actors can be considered unsuccessful by other commentators (Stone, 2002; Fischer, 2003; McConnell, 2020). McConnell provides a useful definition of policy success:

*'A policy is successful if it achieves the goals that proponents set out to achieve and attracts no criticism of any significance and / or support is virtually universal' (McConnell, 2010:351).*

McConnell suggests that determining if a policy is to be judged a success it must be considered on a framework in three realms, (i) policy processes, (ii) policy programmes and (iii) policy politics. *Process* considers how governments identify problems, examine potential alternatives, consult with experts, and take decisions, after weighing the pros and cons of these choices, noting the risk of policy before making decisions. *Programmes* refer to what governments actually do, as concrete forms of intentions and statements on policy. *Politics* refers to the multi-dimensional nature of policy, and that programme choices have political repercussions in terms of reputation and re-election prospects of politicians and their capacity to manage political agendas (McConnell, 2010).

### *Placebo policy*

McConnell (2020) proposes that governments and broader governing systems enact 'placebo' policies to manage tough policy issues, to avoid having to address deep causal factors of the problem, which are collectively described as 'policy traps'. Policy traps refer to expectations on government and systems of power being greater than their capacity to realise. A 'policy trap' can be understood as a policy issue such as socio-economic inequality that is a significant challenge for governments to address, who may have inadequate resources including time to address it (McConnell, 2020). A 'placebo' policy is defined as:

*"... an attempt by policy makers to demonstrate that they are 'doing something' to tackle a policy problem, rather than addressing deeper causal factors of the policy problem" (McConnell 2020:964).*

Policy placebos refer to policy driven by the desire to demonstrate that the government is taking the issue seriously and is seen to be doing something (Gustafsson & Richardson 1979).

Utilising policy network theory (Rhodes & Marsh, 1992; Sabatier & Jenkins-Smith, 1993) and McConnell's framework to scrutinise policy success (McConnell, 2010, McConnell, et al., 2020), illustrates how public sector organisations and nationally commissioned organisations function as policy actors within a Scottish drug policy community we describe as a 'drug death policy network'. As a response to the Audit Scotland 2022 report this paper focuses on policy development, programme responses and financial decision making processes in relation to emergency and strategic responses to drug related deaths in Scotland.

## **Methodology**

The methodology uses a qualitative, case-based design focusing on how the Scottish Government responded to rising drug related deaths over the last decade. While there is a pluralism in the approach chosen for analysis we focus on advancing understanding by producing qualitative analysis from the sources of data chosen for interpretative analysis.

### *Terminology*

This paper refers to policy actors engaged in emergency responses to rising drug deaths in Scotland as a 'drug death policy network'. This network consists of a range of policy actors in public sector bodies including Scottish Government, Public Health Scotland, Scottish Ambulance Service, Police Scotland, and nationally commissioned organisations including Scottish Drugs Forum, Turning Point Scotland, Drug Research Network Scotland, and Community Justice Scotland (Scottish Government, 2019).

The emergency response focuses on the creation of the Drug Death Task Force (DDTF), and the launch of the national mission to reduce drug related deaths. For analysis purposes we separate the MAT Standards as a strategic response as the main tangible output of the DDTF, from the creation and announcement of the task force itself, and the launch of a national mission to reduce drug deaths.

### *Identifying Data sources*

Analysis of policy requires identifying the range of policy actors invited to operate in forums where specific policy preferences enter the public domain via government statements, newspaper articles, and non-governmental reports. We identified and scrutinised publications from Scottish Government and publicly funded organisations that referred specifically to the Drug Death Task Force and the National Mission to reduce drug related deaths.

Specifically we refer to publicly available information from the Corra Foundation describing the funding arrangements for the Drug Death Task Force (DDTF), and elements of the national mission to reduce drug deaths. We accessed the Scottish Drugs Forum (SDF), Staying Alive Toolkit (2019), and the SDF publication focusing on the health needs of older drug users (2017). We accessed the DDTF website to consult the six evidence based strategies, funding allocations, and the publicly available information on the DDTF terms of reference and membership. We accessed the DDTF 'Changing Lives final report' published in 2022, and the DDTF 'evidence paper' report published in 2022. We accessed the Scottish Government publicly available information related to Medication Assisted Treatment (MAT) Standards, Public Health Scotland documents relating specifically to the MAT Standards, and Public Health Scotland national naloxone reports. We scrutinised the Scottish Government Fairer Scotland Action Plan (2016), interim guidance (2018) and the full report relating to the Fairer Scotland Duty for public bodies published in 2021. We consulted The Scottish Government drugs strategy from 2008 and the Drug and Alcohol strategy from 2018 and also documented information published by The Scottish Government on the National Mission to reduce drug deaths. We accessed the Audit Scotland Alcohol and Drugs Services Update Reports published in 2019 and in 2022. In addition we consulted academic publications with a focus on policy processes, policy networks, and frameworks for analysis of policy success and failure.

### *Document analysis*

Researchers have documented the advantages associated with secondary data analysis including its cost-effectiveness and convenience (Dale et al., 1988; Glaser, 1962; Smith, 2008). Using policy network theory and a framework for analysing policy success we critically scrutinise the Scottish Government emergency responses of the creation of the Drug Death Task Force and the launch of the national mission to reduce drug deaths in Scotland (McConnell, 2010, McConnell 2020).

The challenge in understanding policy networks, and their policy preferences, to evaluate policy and programme success in the domains of process, politics and programme typify underlying ontological, epistemological and methodological challenges. Defining and interpreting policy success or failure must note the lens through which it is considered and who is claiming success (McConnell, 2020). The foundationalist / scientific tradition

associated broadly with a rationalist strand of policy evaluation, considers policy successful or failing focusing on for example data changes in the number of drug deaths or drug related hospital admissions, changes in the number of people accessing drug treatment, or in the number of problem drug users accessing services as data that can be identified for comparison (See Gupta, 2001; Davidson, 2005; Stevens and Zampini, 2018). A constructivist or discursive tradition emphasises the importance of policy and programme interpretation and analysis (See Edelman, 1998; Stone, 2002; Fischer, 2003; McPhee, Sheridan, & O'Rawe 2018).

### *Limitations*

Secondary data by definition is data used for another purpose (Smith, 2008). Uses of secondary data requires the authors to describe the benefits, drawbacks and limitations of the use of this data (Cresswell, 2009). In seeking convergence and corroboration specific data sources were used that focus specifically on government responses to drug related deaths in Scotland. However the authors recognise the potential for bias in examining information collected using different methods (Bowen, 2009). Using qualitative document analysis methods we present themed data in our discussion (Bowen, 2009).

## **Discussion**

The discussion is presented thematically arising from analysis of data contained in the documents selected for analysis. Theme (i) drug death policy discourse, theme (ii) investigating funding processes, and theme (iii) understanding emergency policy and programme responses to rising drug deaths. Using McConnell's framework allows analysis of policy success in each of the three realms of process, programmes and politics (McConnell, 2010). While there may be overlap in the terms used in this framework of understanding policy success or failure, for analytical purposes these are considered separately.

### **Drug death policy discourse**

Theme (i) 'drug death policy discourse' refers to drug policy narratives that informed emergency responses to rising drug deaths. This includes the formation of the Drug Death Task Force, and the launch of the 'National Mission to reduce drug deaths' (Sabatier & Jenkins-Smith, 1993; McConnell, 2010).

In Scotland explanations for increased drug deaths were understood to be the result of an ageing cohort (Scottish Drugs Forum, 2017, SDF, 2019; EMCDDA, 2018). The ageing cohort narrative only partially explained the impact of comorbidity and failed to explain the increase in deaths in cohorts under 35, or explain the unequal distribution of drug deaths occurring in areas of deprivation (McPhee, Sheridan, & O'Rawe, 2018; McPhee & Sheridan, 2020).

In April 2019, The Scottish Government created the Drug Death Task Force as an emergency response to rising drug deaths (see Jobert, 1995). The Drug Death Taskforce as an expert group of policy actors were tasked to develop strategies and programmes focusing on drug related deaths. The membership of the Drug Death Taskforce were drawn from nationally commissioned organisations with expertise in this policy arena, specifically the Scottish Drugs Forum, Drug Research Network Scotland, Community Justice Scotland and Turning Point Scotland, and included a single Alcohol and Drug Partnership (ADP) representative. The membership also included drug policy analysts from Scottish Government, and key representatives from Public Health Scotland, Scottish Ambulance Service, Police Scotland. Key omissions in the original membership of the Drug Death Task Force were representatives of national social housing bodies, the Department of Works and Pensions, and National Employability Agencies.

While it is the case that all policy actors were aware of a greater emphasis on the need to address socio economic inequalities, the task force focused on an emergency response to address increasing drug deaths. This included funding being allocated to expand existing evidence based naloxone provision arrangements, opiate replacement pharmacotherapies, and assertive outreach (Scottish Drugs Forum, 2019). The emergency and strategic responses to address rising drug deaths referred to existing UK clinical management guidelines (Department of Health and Social Care, 2017). This highlighted that established policy communities in Scotland had the opportunity to expand existing responses to address drug related deaths (see Scharpf, 1997).

Peripheral policy actors with limited opportunities to influence drug policy narratives supported by established drug policy communities called for changes to drug policy that focused on the social determinants of health. Key aspects of this approach included a recognition of the human rights of marginalised individuals, increased (ring-fenced) Alcohol and Drug Partnership funding, longer term commissioning cycles of services, and financial accountability by service purchasers and service providers (McPhee, Sheridan, O’Rawe & Hammond, 2018; MCPhee & Sheridan, 2020; Allik, Brown, Dundas, et al. 2020; Favour UK, 2019).

The creation of the Drug Death Task Force as an emergency response to rising drug related death, and the launch of the national mission to reduce drug deaths provided opportunities for the Scottish Government to be seen to be addressing the problem of rising drug deaths, while avoiding the intractable ‘policy traps’ of addressing all causal factors associated with increased drug deaths that include the social determinants of health (Jobert, 1995; McConnell, 2019). McConnell (2019) proposes that governments enact ‘placebo’ policies to manage tough policy issues, to avoid ‘policy traps’. Using this framework the creation of the Drug Death Task Force and the launch of the ‘national mission’ to reduce drug related deaths meet the criterion to be described as placebo policies (McConnell, 2019, McConnell, 2020).

### **Investigating funding processes**

A key challenge in utilising policy network theory to analyse complex policy networks is in establishing clear and transparent lines of accountability, particularly in relation to financial decision making. In the second theme ‘investigating the funding processes’, we focus specifically on the funding arrangements used by Corra Foundation to administer public monies during the tenure of the Drug Death Task Force, and since the launch of the ‘national mission’ to reduce drug related deaths in January 2021.

The Corra Foundation are contracted by Scottish Government to administer public monies over a range of policy areas. Corra Foundation (formerly Lloyds TSB Foundation) in operation since 1997, were contracted by the Scottish Government to administer public monies during the term of the previous and current national Scottish alcohol and drug strategies.

In 2019, the Drug Death Taskforce was allocated £20 million by the Scottish Government to tackle drug deaths in Scotland. £9 million was administered by Corra Foundation to meet the emergency responses set out by the Drug Death Taskforce in 2020-21, and a further £5 million in 2021-22.

The National Mission to reduce drug deaths was announced in January 2021 with a commitment by Scottish Government to address rising drug deaths. Increased funding of £250 million was announced over the course of a five year parliament. £100 million of this was ringfenced for residential rehabilitation following political pressure from opposition parties and national charities (Scottish Government, 2021). Although we recognise the importance and significance of increased funding to this type of intervention, it is out with the scope of this



paper to explore current funding allocations or discuss the efficacy of respite care as an intervention to address drug related deaths.

## **Funding Decisions**

In relation to the funding decisions Corra Foundation made on behalf of the Drug Death Task Force (DDTF) and the National Mission to reduce drug deaths, publicly available information indicates that funding panels made decisions on who would receive funding to address drug related deaths. Corra Foundation describe this funding process as a 'participatory approach', underpinned by 'relationship based working' to identify funding priorities. The Corra 'funding panels' decide which organisations obtain public monies to deliver emergency responses at local, regional, and national levels. The Corra Foundation website makes the 'The Scottish Government national mission drug fund criteria document-improvement fund' publicly available. This document explains how funding decisions are made. The 'Corra assessment process' provides the following information on the funding panels:

*"We then take each application to our panels of experts. These people are experts either by lived or professional experience, or both. They use their knowledge and experience to tell us if your proposal is likely to work and make a meaningful difference to the people we want to support... (Corra) take the recommendations that our assessors and the panels make and collate them into a final recommendation for the Minister for Drugs Policy. They make the final decision about which applications receive funding" (Corra Foundation website).*

While this information is useful, it does not state clearly who are consulted as experts, nor make the decision making processes in relation to allocation of public monies transparent.

The former Chair of the Drugs Death Task Force raised concerns regarding the funding decision making process of the 'Corra national mission drugs fund' stating the following in a Scottish national newspaper:

*"This fund was clearly flawed from the outset which made the processes of fairly reviewing applications impossible (Daily Record, 19<sup>th</sup> April 2022).*

The decision making process adopted by the Corra Foundation during the tenure of the Drug Death Task Force and the launch of the national mission to reduce drug related deaths highlights that funding decisions in relation to public monies are made in closed drug policy networks, thus making it challenging to establish clear lines of accountability in this policy area (Scharpf, 1997).

## **Understanding strategic responses to rising drug deaths**

Theme (iii) "understanding strategic responses to rising drug deaths" subjects the policy programme development processes by policy actors within a 'drug death policy network' to critical scrutiny.

In 2020 the Drug Death Task Force published six evidence based strategies aiming to reduce drug deaths. These included targeted distribution of naloxone, responding to non-fatal overdose, medication assisted treatment, targeting individuals considered most 'at risk', improving public health surveillance, and support for individuals within the criminal justice system (Scottish Government, 2020).

The Drug Death Task Force published its final report in July 2022 (Scottish Government, 2022). The report described four alliterative aspects of focus: *context, culture, care, and coordination*. The report acknowledges that drug deaths disproportionately impact poor and marginalised communities, however makes one recommendation for the Scottish Government to tackle poverty and inequality, with no responsibility to engage with existing Community

Planning Partnerships. Community planning partnerships have a statutory responsibility to tackle inequality and develop local strategic plans for areas experiencing multiple disadvantage (Scottish Government 2016; Scottish Government, 2017).

The number of drug related deaths continued to increase from 485 in 2010 to 1330 in 2021 (National Records of Scotland, 2022). The 2022 Drug Death Task Force final report recommended the promotion and expansion an existing national programme to facilitate targeted distribution of naloxone to individuals at risk of opiate and opioid overdose (DDTF, 2022). Since 2010 a national naloxone programme has been funded to reduce the incidence of opiate overdose and drug related deaths (Scottish Government, 2021; DDTF, 2021). Public Health Scotland (2022) data indicates that 22,366 take home naloxone (THN) kits were issued in 2020/21, suggesting that an estimated 32,969 people 'at risk' have access to naloxone.

Naloxone reverses the central nervous system depressant effects of opiates, and can be administered orally, nasally and by injection (Kerensky and Walley, 2017). Naloxone is an effective opiate antagonist however if opiate and opioid drugs are used in combination with benzodiazepines and alcohol, the efficacy of naloxone to reverse overdose could be limited (McPhee, Sheridan & O'Rawe, 2018). The presence of illicit (non-prescribed) benzodiazepines reported at time of autopsy has risen each year from (426) approximately 50% of all drug deaths in 2016 to just under three quarters (974) of all drug deaths reported in 2020. Etizolam is the most common illicit benzodiazepine identified (National Records of Scotland, 2021). Despite these observations on the limitations of naloxone, it is acknowledged that without the distribution of naloxone, and people trained to administer it, drug related deaths may have been significantly higher.

in 2021 the Scottish Government published the Medication Assisted Treatment (MAT) Standards. These standards as the main tangible output from the Drug Death Task Force aim to establish a minimum level of service for individuals seeking assistance for substance use disorder, as part of the 'national mission' to reduce drug related deaths.

## **MAT Standards**

The Medication Assisted Treatment (MAT) Standards incorporate key elements from existing approaches including 'the Orange Book'<sup>1</sup> and the Staying Alive Toolkit (Public Health England, 2017; Scottish Drugs Forum, 2019). The MAT Standards are included within the six evidence-based strategies developed by the Drug Death Task Force and refer to: same day access, choice, targeting those most at risk, harm reduction measures, improving treatment retention, delivering psychosocial support, underpinned by a trauma responsive approach, improving social networks, widening community access through primary care and access to mental health services, availability of 'independent' advocacy, and involvement of families if applicable (Scottish Government, 2021).

The MAT Standards are underpinned by a commitment to choice, however the choice of pharmacological treatment may be limited to opiate replacement therapy. As we have stated, evidence indicates changes in drug use patterns, with an increased reporting of non-opiate substances among problem drug users and in drug related deaths (Public Health Scotland, 2021).

A clear principle of the MAT Standards seeks to ensure that people accessing services (rights holders) are informed of and able to exercise their human rights. A commitment to MAT standards is recognition that service providers (duty bearers) must be made aware of their responsibilities to service users as rights holders in accordance with the Human Rights Act 1998 (McPhee et al., 2018). Public Health Scotland (2022) report a significant gap in

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<sup>1</sup> The manual colloquially known as the 'Orange Book' refers to 'Drug Misuse and Dependence: UK Guidelines on Clinical Management', published by the Department of Health and Social Care in 2017.

knowledge and awareness of human rights across service providers, including national bodies, advocacy services, and lived/living experienced communities. The Public Health Scotland report indicates that:

*“...there was a considerable gap in knowledge on clinical guidance and frameworks (i.e. Orange Book, NICE Guidelines, ICD–10/11) which leads to inconsistent embedding of MAT standard 8, making it difficult to measure (PHS supplementary report: 2022: page 43).*

The report emphasises the existence of considerable gaps in knowledge and awareness of existing clinical guidance in relation to substance use disorder. This presents clear challenges to ensure consistency across all MAT Standards within local and national treatment systems, and a significant challenge in measuring MAT Standard 8 – referring to the right to advocacy.

## **Conclusion**

McConnell’s definition of policy success indicates that that policy can be considered successful if it achieves the goals that proponents set out to achieve, is supported universally, attracts no criticism, and addresses the issue as intended in relation to policy and programmes (McConnell, 2010; McConnell et al., 2020).

Rhodes and Marsh (1992) note that established policy actors have access to considerable resources and influence in relation to policy and programme development. Support for an ageing cohort narrative as an explanation for rising drug related deaths for example allowed the Scottish Government to engage in policies they considered a priority. The significant rise in drug deaths announced in 2018 became an issue in media reports and Scottish Parliament discussions that the Scottish Government could no longer ignore.

The creation of the Drug Death Task Force (DDTF) while a legitimate policy response to rising drug deaths meets the requirements of being described as a placebo policy (McConnell, 2020). The announcement of a task force allowed the Scottish Government to avoid tackling the ‘wicked problem’ of intergenerational deprivation as a risk factor for drug related death and a considerable policy trap (Prof. James Mitchell, House of Lords Constitutional Committee, October 2021).

Policy and programmes developed by experts within the task force could not be easily criticised as *ad hoc* (McConnell, 2010). Established drug policy communities are able to exert influence over policy responses to give the impression that issues are being tackled and ensure that specific policy preferences are realised (Compston, 2009). The Drug Death Task Force as an expert group developed the Medication Assisted Treatment (MAT) standards, and these do show promise in addressing the complexity of substance use disorder, they do not specifically address the social determinants of health. Had the membership of the DDTF included wider public sector representatives then programmes with a direct focus on tackling social determinants of drug deaths may have emerged.

Public Health Scotland report published in 2022, identifies significant gaps in knowledge of human rights and in understanding clinical management guidance to address substance use disorder among service providers, national bodies, advocacy services and lived / living experience communities (PHS, 2022:43). This will remain a key challenge in determining the policy success of the MAT Standards.

The national mission to reduce drug deaths was launched in 2021, with a commitment to an additional £250 million made available over the course of a five year parliament, reversing cuts to alcohol and drug services that had begun in 2007 (AUDIT Scotland, 2019).

Audit Scotland published an updated report on alcohol and drug services in 2022, that outlined the challenges regarding transparency and accountability in relation to public spending in this policy area. The report authors note the enduring difficulty in monitoring and tracking Scottish Alcohol and Drugs Services funding (Audit Scotland, 2022). The Corra Foundation funding processes have in our opinion, circumvented the legal requirement to address socio economic inequality, in accordance with the legislative requirements of the Fairer Scotland duty within the Equalities Act (2010) that all public bodies must adhere to when making financial decisions.

The decision by Audit Scotland to work collaboratively with The Scottish Drugs Forum as established policy actors in the development of their 2022 update report is an indication that this coalition exert considerable influence on drug policy programmes and responses.

## **Recommendations**

We recommend a more inclusive collaborative approach to develop drug and alcohol policy and programmes, to include a wider membership that addresses the social determinants of drug related deaths.

Reforms are required in how Corra Foundation use 'critical friends' within established drug policy communities when allocating public monies. Financial decision-making should in our opinion be more transparent and decisions made should be publicly available for critical scrutiny. For example, the membership of the funding panels remain unclear, and therefore decisions lack transparency and unaccountability.

The use of Corra Foundation, a third party organisation to administer public monies presents clear challenges on whether the legislative requirements of the Fairer Scotland Duty 2016 can be fully adhered to. To improve legislative requirements, it would be highly beneficial to have drug policy monies solely administered by public sector bodies to improve accountability and critical scrutiny.

Reforms of these funding decision making processes will mean that areas disproportionately impacted by drug deaths are funded equitably to address local need (Audit Scotland, 2022).

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